POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	b T		3-1-00
O.I.P.E. CLASSIFIER		x	3-1-00
FORMALITY REVIEW	alo	63977	5|4|00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Best Available Copy

Claim			Date		Claim			Date		Claim			Date
Final	Original	H 7103 3/9/04			Final	Original	Col 7) 0 3/9/04			Final	Original		
	2	✔				51	✔				101		
	3	✔				52					102		
	4	✔				53					103		
	5	✔				54					104		
	6	✔				55					105		
	7	✔				56					106		
	8	✔				57					107		
	9	✔				58					108		
	10	✔				59					109		
	11	✔				60					110		
	12	✔				61					111		
	13	✔				62					112		
	14	✔				63					113		
	15	✔				64					114		
	16	✔				65					115		
	17	✔				66					116		
	18	✔				67					117		
	19	✔				68					118		
	20	✔				69					119		
	21	✔				70					120		
	22	✔				71					121		
	23	✔				72					122		
	24	✔				73					123		
	25	✔				74					124		
	26	✔				75					125		
	27	✔				76					126		
	28	✔				77					127		
	29	✔				78					128		
	30	✔				79					129		
	31	✔				80					130		
	32	✔				81					131		
	33	✔				82					132		
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	38	✔				87					137		
	39	✔				88					138		
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	41	✔				90					140		
	42	✔				91					141		
	43	✔				92					142		
	44	✔				93					143		
	45	✔				94					144		
	46	✔				95					145		
	47	✔				96					146		
	48	✔				97					147		
	49	✔				98					148		
	50	✔				99					149		
						100					150		

If more than 150 claims or 10 actions
staple additional sheet here

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